

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09 744799 FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	8					
5	8					
6	8					
7	1					
8	1					
9	1					
10	3					
11	3					
12	3					
13	3					
14	3					
15	1					
16	1					
17	CD	1				
18		1				
19		1				
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48						
49						
50						
TOTAL IND.	3		5			
TOTAL DEP.	17	23				
TOTAL CLAIMS	21	28				

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						